FORM HR-EM 1

RECORDS RETENTION SCIPPULE

SCHEDULE TOTAL

	To \ Jubmitted to the I	mitted to the Records Managemer Jivision	
riall of Records -		ords Commission	PAGE NO. 1
1	uesting Agency INGTON SUBURBAN SANITARY CONMISSION	2. Division or Bureau of Requestir COMPTROLLER'S OFFICE	ng Agency
3. Aut	horization Requested (Check only one of the squ	ares below).	
addi pated. Re	tional accumulation is antici- cords have ceased to have value accumulation. The	ch there is a continuing Originals records will cease to retained for the ant their retention after	n and destroy originals, if not microfilmed would be e period of time indicated.
4. Item No.	5. Description of Describe records accurately. Include title, work or activity to which the records related (cubic or linear feet). Show recommended	form number, size of documents, ate, inclusive dates, and quantity	6. Recommendation of Hall of Records and Board of Public Works.
	This is a duplicate of the original invoices are scheduled for a (Schedule 22, Cashier's Office). Thi longer received in this department. The file occupies 9 drawers and 8 trathe office area for the years 1950 to years 1919 to 1950 are stored in the	dicrofilming with the vouchers is copy of the invoice is no It was discontinued in 1953, ansfiles (34 cubic feet) in 1953, Other files for the	

7. Agency, Division or Bureau Representative Supervisor - Record Survey
Title Signature Schedule Authorized as Indicated in Col. 6 by Hall of Records Commission. Disposal Authorized as Indicated in Col. 6 by Board of Public Works.

Date